

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

48a

11255

Reg. Dist. No. 51

1. PLACE OF DEATH:

County... Calvert
 City or town... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Calvert
 City or town... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Margaret Gertrude Bowen

3. (b) Social Security Number

219-16-1447

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed or divorced Married
 6. (b) Name of husband or wife Robert Bowen
 7. Birth date of deceased (mo., day, yr.) July 26, 1916
 8. AGE: Years 32 Months 3 Days 17 If less than one day
 6. (c) If alive, give age 32 years

9. Birthplace Calvert Co., Md
 (Town, county, and state)
 10. Usual occupation Home
 11. Industry or business

12. Name James E. Gibson
 13. Birthplace Md
 14. Maiden name Maggie S. Robinson
 15. Birthplace Md.

16. Informant Robert Bowen
 Address Prince Frederick, Md
 17. Burial Date thereof Nov. 16, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Asbury M. E.
Barnstow, Md
 Location
 18. Funeral director A. A. Hackman & Son
 Address Mt Airy, Md.

19. 11-15 19 48 H. H. Hard
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 19 48 at 4:4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19... to... 19...
 and that I last saw him... alive on... 19...

Immediate cause of death Carcinoma of Cervix
 DURATION

Due to...
 Due to...

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Cervix Uteri
 Date of op...

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE James E. Gibson
 Address Prince Frederick Date signed

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NOV 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11256

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town Port Republic
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Calvert
City or town Port Republic
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2(a) If veteran, name war no

3. (a) FULL NAME

Margaret Emma Cranford

3. (b) Social Security Number

no

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Hutchins Cranford

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1869 6. (c) If alive, give age 78 years

8. AGE: Years 78 Months 11 Days 6 If less than one day hrs. min.

9. Birthplace Calvert Co., Md
(Town, county, and state)

10. Usual occupation Home

11. Industry or business

12. Name Alex Danielle

13. Birthplace Calvert Co., Md

14. Maiden name Margaret A. Sedwick

15. Birthplace Calvert Co., Md

16. Informant Mrs. Edgar Cranford

Address

17. Burial Date thereof Nov. 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Christ Church

Location Port Republic, Md

18. Funeral director A. A. Harkness & Son

Address Port Republic, Md

19. 11-3 19 48 H. H. Hara
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1948 at 1:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to Nov 2 19 48

and that I last saw him alive on Nov 1 19 48

Immediate cause of death acute cardiac decompensation 2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Hara M. D. or other

Address Port Republic, Md Date signed 11/3/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 9 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11257

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jennie M. Green.

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876 March - 12.

8. AGE:

Years

Months

Days

It less than one day

72

hrs.

min.

9. Birthplace Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name J13. Birthplace E

MOTHER

14. Maiden name Ellen Ross15. Birthplace Md16. Informant Owens Bowen

Address

Prince Frederick, Md17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

11-3-48
(month) (day) (year)

Cemetery or crematory

Brooks Chapel

Location

Calvert.18. Funeral director P.E. Sewell.

Address

Prince Frederick, Md19. 11-2-48
(Date rec'd by registrar)H. H. Hare

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1-1948 at 5:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to Nov 1 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death - Adiposis

DURATION

Cerebral hemorrhageDue to Hypertensive C.D.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

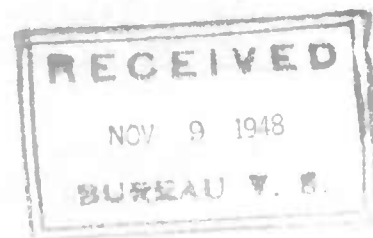
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address St. Leonard, Md Date signed Nov 2/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert Co., Hospital

How long in hospital or institution?

1 wk

3. (a) FULL NAME

Joseph E. Hardisty

3. (b) Social Security Number

214-22-4681

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Mary Alice Hardisty

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

Nov. 22, 1878

8. AGE:

Years

Months

Days

If less than one day

7000

hrs.

min.

9. Birthplace

Calvert Co., Md.
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

MOTHER FATHER

12. Name

Joseph Hardisty

13. Birthplace

Md.

14. Maiden name

Sarah Jane Watson

15. Birthplace

Md.

16. Informant

Spencer Hodgson

Address

Christ, Md.17. Burial

(Burial, cremation, or removal)

Date thereof

Nov. 24, 1948
(month) (day) (year)

Cemetery or crematory

Christ

Location

Christ, Md.

18. Funeral director

G. A. Whitcomb & Son

Address

Montreal, Md.19. 11/24/48

(Date rec'd by registrar)

19.

H. W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Calvert

City or town

Christ

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

No

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 22, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 15 1948 to Nov 22 1948

and that I last saw him alive on

Nov 22 1948

Immediate cause of death

Pneumonia

DURATION

Due to

Acute nephritis
with anuria

Due to

Hypertension C.V.D.

Other conditions

Severe chronic pulmonary disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Lillman
S. H. Lillman

M. D. or other

Address

Date signed Nov 23/48

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DEC 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

183

11259

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Lusby
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Calvert

City or town Lusby
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Carl W. Jefferson

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6.(a) Single, married, widowed, or divorced

X

6.(b) Name of husband or wife Virginia Jefferson

6.(c) If alive, give age 22 years

7. Birth date of

deceased (mo., day, yr.)

Aug 4 - 1923

8. AGE:

Years

Months

Days

If less than one day

20

hrs. min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
MOTHER

12. Name

Columbus Jefferson

13. Birthplace

md

14. Maiden name

Frances Toney

15. Birthplace

md

16. Informant

Virginia Jefferson

Address

Lusby, md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

11-16-48
(month) (day) (year)

Cemetery or crematory

St Johns

Location

Calvert

18. Funeral director

P.E. Seavell

Address

Prince Frederick, Md

19.

11-16 1948
(Date rec'd by registrar)

H.W. Ward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5-1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 11-5-1948

Immediate cause of death

Throm

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/5/48

Where did injury occur? Peters Point Calvert Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) River

Means of injury

Injured at work? yes

23. SIGNATURE

John W. Ward
Address Prince Frederick, Md Date signed 11/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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NOV 18 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11260

Reg. Dist. No. 52

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 5 hrs

3. (a) FULL NAME

Carol Marcellus

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Mathew Marcellus

7. Birth date of deceased (mo., day, yr.)

June 8, 1910

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

385hrs.min.

9. Birthplace

Paris, Calvert Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Theodore Marcellus

13. Birthplace

Md.

MOTHER

14. Maiden name

Cora Cox

15. Birthplace

Md.

16. Informant

Mrs. Carol Marcellus

Address

Paris Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 10, 1948
(month) (day) (year)

Cemetery or crematory

Mt. Harmony

Location

Mt. Harmony

18. Funeral director

Address

Wm. D. Hutchins
Quiningo Md.

19.

(Date rec'd by registrar)

19 48Grace D. Hutchins
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Calvert

City or town

Paris

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

11/719 48at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/519 48

to

11/719 48and that I last saw him alive on 11/7/48 19 48

Immediate cause of death

Rheumatic fever

DURATION

2 wks

Due to

Acute endocarditis2 day

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard

M. D. or other

Address

owing md

Date signed

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NOV 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

11261

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution? 4 hr. & 15 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Chaney
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Catherine Rawlings

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband George Rawlings

7. Birth date of deceased (mo., day, yr.) 7 Apr. 1895 6.(c) If alive, give age 61 years

8. AGE: Years 53 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace LOTHIAN, ADAMS CO., MD.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business _____

12. Name Andrew Gray

13. Birthplace md.

14. Maiden name Willie Peters

15. Birthplace md

16. Informant George Rawlings

Address Chaney, md.

17. Burial Date thereof 12-2-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt Zion

Location A.A. County.

18. Funeral director P.T. Sawell

Address Prince Frederick, Md.

19. 12-1-48 N. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29/48 19 48, at 4:10 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/28 19 48 to 11/29 19 48
and that I last saw her alive on 11/29 19 48

Immediate cause of death Cerebral accident

Due to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____

Address [Signature] Date signed 11/29/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1895
- 26
1948

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DEC 8 1948
BUREAU V. S.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Calvert

Village or City Near Owings (No. _____) St. _____ Ward _____

2 FULL NAME James Allen Tucker

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 52

If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED S
(Write the word)

6 DATE OF BIRTH August 12, 1946
(Month) (Day) (Year)

7 AGE 2 yrs. 3 mos. 7 ds. or 1 day.... hrs. If LESS than 1 day.... hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed or (employer) _____

9 BIRTHPLACE

(State or country) Maryland

10 NAME OF FATHER Joseph L Tucker

11 BIRTHPLACE OF FATHER Ind
(State or country)

12 MAIDEN NAME OF MOTHER Hilda V. Tucker

13 BIRTHPLACE OF MOTHER Ind
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. L. Tucker

(Address) Owings Ind

15

Filed Nov 21 1948

Registrar Grace L. Hutchins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH NOV 20, 1948
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov 19, 1948, to Nov 19, 1948.
that I last saw him alive on Nov 19, 1948 192....

and that death occurred on the date stated above, at 2 A.M. m.
The CAUSE OF DEATH * was as follows:

Acute Poliomyelitis
(Duration) yrs. mos. da.

Contributory
Secondary Respiratory Paralysis

(Signed) Compton Wilson M.D.
(Duration) yrs. mos. da.
192... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. da. In the State, yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt Harmony Nov 21, 1948

20 UNDERTAKER

ADDRESS

W. H. Hutchins Owings

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.